



Iowa Department of Natural Resources
Underground Storage Tanks Section
502 East 9th Street
Des Moines, IA 50319-0034

UST Release Report

UST # _____

LUST # _____

RELEASE REPORT INFORMATION

RELEASE REPORTED BY: _____

COMPANY: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE RELEASE DISCOVERED: _____ DATE RELEASE REPORTED: _____

SITE INFORMATION

SITE NAME: _____

SITE ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

FACILITY OWNER INFORMATION

OWNER/OPERATOR NAME: _____

COMPANY NAME: _____

OWNER/OPERATOR STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER/OPERATOR PHONE NUMBER: _____

PROPERTY OWNER INFORMATION *(if different than facility owner):*

PROPERTY OWNER NAME: _____

COMPANY NAME: _____

PROPERTY OWNER STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY OWNER PHONE NUMBER: _____

RELEASE INFORMATION**SUBSTANCE RELEASED:**☐ E-85☐ HEATING OIL☐ GASOLINE☐ DIESEL☐ WASTE OIL☐ BIODIESEL☐ KEROSENE☐ OTHER: _____

ESTIMATED AMOUNT OF SUBSTANCE RELEASED: _____

HOW WAS RELEASE DISCOVERED:☐ UST Closure☐ Field Office Visit☐ Environmental Audit☐ UST Inspection☐ Vapors Detected☐ Sump Sensor☐ Line Leak Detector☐ Citizen Complaint☐ Service Visit☐ Line Tightness Test☐ Tank Tightness Test☐ Site Check☐ Cathodic Protection Testing☐ Inside Secondary Containment Sump☐ Tank Leak Detector (Indicate Method): _____☐ Other (*Specify*): _____**CAUSE OF RELEASE:**☐ Flex Connector☐ Install Problem☐ Overfill☐ Spill of Customer☐ Physical/Mechanical Problem☐ Dispenser Leak☐ Tank Leak☐ Line Leak☐ Leak Detector☐ Corrosion☐ Unknown☐ Other (*Specify*): _____**SOURCE OF RELEASE:**☐ Tank☐ Piping☐ Submersible Turbine Pump☐ Delivery Problem☐ Dispenser☐ Other (*Specify*): _____**PRODUCT DELIVERY:**☐ Pressurized☐ Suction☐ Safer Suction**PIPING MATERIAL:**☐ Steel☐ Fiberglass☐ Flex**BRIEF DESCRIPTION OF THE RELEASE:**

Briefly describe the release (including but not limited to where release was discovered, amount of free product present, location of free product). Provide/attach a sketch of the location of the release (specific or general location).

MEDIA AFFECTED BY RELEASE:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Surface Soil | <input type="checkbox"/> Subsurface Soil | <input type="checkbox"/> Drainage Ditch | <input type="checkbox"/> Public Water Supply Well |
| <input type="checkbox"/> Storm Sewer | <input type="checkbox"/> Groundwater | <input type="checkbox"/> Sanitary Sewer | <input type="checkbox"/> Non-Potable Water Supply Well |
| <input type="checkbox"/> Vapors Inside Offsite Commercial Building | <input type="checkbox"/> Vapors Inside Residence | <input type="checkbox"/> Domestic Water Supply Well | |
| <input type="checkbox"/> Vapors Inside Onsite Commercial Building | <input type="checkbox"/> Creek/Stream/River/Lake | <input type="checkbox"/> _____ | |

RESULTS OF EXPOSURE ASSESSMENT (if immediately available):

- How many private drinking water wells are located within 1,000 feet of the site? _____
- How many public water supply wells are located within 1,000 feet of the site? _____
- Have any drinking water supply wells been affected by contamination from this release? ☐ Yes ☐ No
- Is there imminent threat of contamination to any drinking water wells? ☐ Yes ☐ No
- Have vapors or contaminated groundwater posed a threat to the public? ☐ Yes ☐ No
- Are any underground utilities affected or imminently threatened by the release? ☐ Yes ☐ No
- Have surface waters been affected by the release? ☐ Yes ☐ No
- Is there an imminent threat of contamination to surface waters? ☐ Yes ☐ No
- What is the type of surrounding population? (*Commercial, Residential, Industrial*) _____

~ATTACH OTHER COMMENTS AS NECESSARY~

REPORT RELEASES TO IOWA DNR CENTRAL OFFICE

EMERGENCY RESPONSE
Phone: 515/281-8694
Fax : 515/725-0218

DNR – UST SECTION
Phone: 515/281-3634
Fax: 515/281-8895

Overnight Mailing Address: DNR UST Section, Wallace State Office Bldg., 502 E 9TH ST, Des Moines, IA 50319-0034

REPORT RELEASES TO APPROPRIATE DNR FIELD OFFICE

Field Office	Phone	Fax	Field Office	Phone	Fax
1-Manchester	563.927.2640	563.927.2075	4-Atlantic	712.243.1934	712.243.6251
2-Mason City	641.424.4073	641.424.9342	5-Des Moines	515.725.0268	515.725.0218
3-Spencer	712.262.4177	712.262.2901	6-Washington	319.653.2135	319.653.2856